

## CERTIFICATE OF DISPOSITION OF MATERIALS

(All items **MUST** be completed, please print)

LICENSEE NAME AND ADDRESS	LICENSE NUMBER
	LICENSE EXPIRATION DATE

THE LICENSEE OR ANY INDIVIDUAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE LICENSEE CERTIFIES THAT: (Check and/or complete the appropriate item(s) below.)

### A. MATERIALS DATA (Check one and complete, as necessary)

<input type="checkbox"/>	1. NO MATERIALS HAVE EVER BEEN POSSESSED OR PROCURED BY THE LICENSEE UNDER THIS LICENSE.		
OR			
<input type="checkbox"/>	2. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENSE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON		
	DATE	TO	WHICH HAS NRC LICENSE NUMBER
OR			
<input type="checkbox"/>	3. ALL MATERIALS PROCURED AND/OR POSSESSED BY THE LICENSEE UNDER THE LICENE NUMBER CITED ABOVE HAVE BEEN TRANSFERRED ON		
	DATE	TO	ISSUED BY THE STATE OF
AN AGREEMENT STATE PURSUANT TO SECTION 274 OF THE ATOMIC ENERGY ACT OF 1954, AS AMENDED, AND THE ENERGY REORGANIZATION ACT OF 1974			
OR			
<input type="checkbox"/>	4. MATERIALS HAVE BEEN DISPOSED OF IN THE FOLLOWING MANNER. (Describe specific disposal procedures – if additional space is needed, use the reverse of this form, or provide attachments)		

### B. OTHER DATA

<input type="checkbox"/>	1. OUR LICENSE HAS NOT YET EXPIRED; PLEASE TERMINATE IT.		
<input type="checkbox"/>	2. WAS A RADIATION SURVYE CONDUCTED TO CONFRIM THE ABSENCE OF LICENSED RADIOACTIVE MATERIALS AND TO DETERMINE WHETHER ANY CONTAMINATION REMAINS ON THE PREMISES COVERED BY THE LICENSE? (Check one)		
	<input type="checkbox"/> NO		
	<input type="checkbox"/> YES, THE RESULTS (Check one)		
	<input type="checkbox"/> ARE ATTACHED, OR		
	<input type="checkbox"/> WERE FORWARDED TO NRC ON (Date)		
3.	THE PERSON TO BE CONTACTED REGARDING THE INFORMATION PROVIDED ON THIS FORM		
	NAME	TELEPHONE NUMBER	
4.	MAIL ALL FUTURE CORRESPONDENCE REGARDING LICENSE TO		
RETURN TO:		CERTIFYING OFFICIAL	
DIRECTOR, DIVISION OF FUEL CYCLE AND MATERIAL SAFETY OFFICE OF NUCLEAR MATERIAL SAFETY AND SAFEGUARDS U.S. NUCLEAR REGULATORY COMMISSION WASHINGTON, DC 20555		SIGNATURE	DATE
		PRINTED NAME AND TITLE	